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Commission on the Status of Women
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Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Draft agreed conclusions on women and health submitted by the Chairperson of the Commission

The Commission on the Status of Women

1. *Reaffirms* the Beijing Platform for Action, adopted by the Fourth World Conference on Women,[1] notably chapter IV.C on women and health, the Programme of Action of the International Conference on Population and Development[2] and the Convention on the Elimination of All Forms of Discrimination against Women;[3]

2. *Requests* States parties to the Convention on the Elimination of All Forms of Discrimination against Women to take into account in their initial and periodic reports to the Committee on the Elimination of Discrimination against Women, general recommendation 24 on article 12 of the Convention, relating to women and health, adopted by the Committee at its twentieth session;

3. *Acknowledges* the link between women's health, women's status in society, poverty, ageing, violence and health-related taboos, as well as the importance of investing in women's health for the well-being of women themselves and for development;

4. *Proposes*, in order to accelerate the implementation of the strategic objectives of chapter IV.C of the Beijing Platform for Action, that the following actions be taken:

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[1] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

[2] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] General Assembly resolution 34/180, annex.

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Actions to be taken by Governments, the health professions, non-governmental organizations, civil society, the private sector and the United Nations system

1. Access to holistic health-care services and information

(a) Ensure access to all health services for women and girls;

(b) Within the primary health-care approach, integrate sexual, reproductive and mental health services to respond to the broad health needs of users in a life-cycle approach;

(c) Provide girls and boys with education on the different health needs of women within their life cycle, including education on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents;

(d) Secure funds also to protect the health of the most vulnerable population groups, particularly poor women throughout their life span, and to empower older women and women with disabilities to lead independent lives.

2. Sexual and reproductive health

(a) In order to bridge the gap between policies and implementation, accelerate efforts to implement the targets established in the Beijing Platform for Action with regard to universal access to quality health services, reduction of persistently high maternal mortality and infant and child mortality[4] and reduction of severe and moderate malnutrition and iron deficiency anaemia,[5] as well as to provide emergency obstetric services and implement existing strategies to prevent maternal deaths (treatment of infections, hypertension during pregnancy, unsafe abortion and post-partum haemorrhage), including the Safe Motherhood Initiative of the World Health Organization;

(b) Support the development of female-controlled methods that enhance women's risk-reduction options, including microbicides, post-coital/emergency contraception and dual methods that protect against both sexually transmitted diseases and HIV and unwanted pregnancy, in accordance with paragraph 96 of the Beijing Platform for Action, and promote methods of male contraception;

(c) Encourage men to accept their responsibilities as partners with regard to sexuality and reproduction;

(d) Develop policies and formulate legal tools to support activities aimed at eliminating the practice of female genital mutilation and other harmful practices and prevent their acceptance as medical practices.

3. HIV/AIDS, sexually transmitted diseases and other infectious diseases

(a) Give HIV/AIDS prevention and care and the mitigation of its impact, including the provision of social services and support, and poverty alleviation, priority at the highest political level;

(b) Increase prevention efforts to reduce the spread of the HIV/AIDS epidemic in the affected areas as well as among the age groups most heavily at risk, in particular young women, including through improved access to the female condom, and promote the

[4] See *Report of the Fourth World Conference on Women* ..., chap. I, resolution 1, annex II, para. 106 (l).

[5] See ibid., para. 106 (w).

development of a vaccine against HIV and accessibility to anti-retroviral therapy and treatment for HIV/AIDS-related illnesses;

(c) Increase efforts to eliminate sexual violence against women and girls, which is a major cause of HIV/AIDS infection;

(d) Ensure that stigmatization (for leprosy, filariasis, HIV and sexually transmitted diseases) does not lead to under-detection, lack of treatment and violence, especially with regard to women, and break the silence around HIV/AIDS;

(e) Encourage patients to inform their partners in the case of HIV infection, so as to protect them from infection, and counsel them as to ways of doing so.

4. Mental health and substance abuse

(a) Make available mental health services tailored to the gender-specific needs of women and men throughout the life cycle (e.g., treatment for civil and domestic trauma and injury, psychiatric illness, substance use);

(b) Encourage efforts to document gender differences in the causes and effects of the use of psychoactive substances, including smoking, and develop effective gender-sensitive approaches to prevention, treatment and rehabilitation.

5. Occupational and environmental health

(a) Increase support for research and take measures to reduce occupational and environmental health risks — short- and long-term — of work performed by both women and men, including risks in the household and from environmental chemicals;

(b) Protect the health of women who are entering the labour market in great numbers by designing work environments that are gender-sensitive, free from pesticides and ergonomically designed to prevent occupational hazards.

6. Research, training and policy development

(a) Improve the collection of data disaggregated by sex and age and develop collection methodologies that capture the differences between men's and women's life experiences, including gender-specific health indicators that go beyond morbidity, mortality and social indicators and capture social and mental well-being; international organizations should develop these gender-sensitive health indicators as soon as possible;

(b) Elaborate a gender-sensitive framework for mainstreaming gender in the health sector, including the elaboration of gender-sensitive health policies, the creation of an enabling environment supported by a legislative framework and monitoring mechanisms;

(c) Mainstream a gender perspective in the education and training of health professionals and provide gender training to health professionals.